

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	/					
2							52		/				
3							53		/				
4							54						
5							55						
6							56						
7							57						
8							58						
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22							72						
23							73						
24	/						74						
25		/					75						
26		/					76						
27		/					77						
28	/						78						
29		/					79						
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36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46	/						96						
47		/					97						
48		/					98						
49	/						99						
50	/						100						
TOTAL IND.							TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	22					
TOTAL CLAIMS							TOTAL CLAIMS	30					

BEST AVAILABLE COPY